

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Ashfield School	Date	4-3-19	Type of Operation(s)	Type of Inspection
Address	225 Coe Rd	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	508 580 7247			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	BPS	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person In Charge (PIC)	Tam McNeely			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Mary Jane Butler	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		Time Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking

Tobacco

590.009(E) ☐

590.009(F) ☐

☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>MARY Jane Butler</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tam McNeely</i>	Print: <i>Tam McNeely</i>	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36 F, #2 36 F, #3 38 F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 1 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing :

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

(Schools)

Name B.B. Russell School	Date 3/21/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address 45 Oakdale Avenue	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone 508.894.4569		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: 6/18/15
Owner BPS	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC)	Time In: 11am	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector POL	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

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☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):


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DATE OF RE-INSPECTION:

9:590inspectForm-44069

Inspector's Signature:	Print: PATRICK O. LAWTON	Page 1 of 2 Pages
PIC's Signature:	Print: Kristie Smith	

Establishment Name: B.B. Russell SchoolDate: 3/24/19Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Parking Lot + dumpster good ✓	
			Kitchen facilities clean + organized,	
			Servers / Waiters well maintained and @ proper temps ✓	
			HOT HOLDING @ paper traps	
			NO OUTDATED FOOD	
			NO PEST ISSUES (IAM: Able Pest)	
			3-Bay sink good ✓	
			(All food pre-heated - NO COOKING)	
			ServeSafe exp: 2022	
			Allergan ✓ Protective Equipment - Hats + gloves ✓ Proper Food Prep and Food Handling ✓	
			<u>NO VIOLATIONS</u>	
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37°F, #2 39°F, #3 40°F, #4 28°F, #5 °F, #6 °F, #7 °F, #8 °F, #9 °F

freezers

b) #1 6°F, #2 °F, #3 °F, #4 °F, #5 °F, #6 °F, #7 °F

c) Are thermometers in place in all of the above? Yes ☒ No ☐

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

HOT HOLDING
@
158°F

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

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Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

good ✓
good ✓
good ✓

3/21/19
pa

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockton High Azure</u>	Date <u>4-11-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>470 Forest Ave</u>	Risk Level		
Telephone <u>508 580 2642</u>	HACCP Y/N		
Owner <u>Brockton School Dept.</u>	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <u>Mary Jane Butler</u>			

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Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
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☐ 6. Tags/Records/Accuracy of Ingredient Statements
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PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
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☐ 13. Handwash Facilities

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- ☐ 14. Approved Food or Color Additives
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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

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C	N

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>Mary Jane Butler</u>	Page ___ of ___ Page
PIC's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	

Brecklen High Azur

Page: of

[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 36 F, #3 39 F, #4 39 F, #5 37 F, #6 32 F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 ___ F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ✓

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

Yes ✓ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ✓

c) Original, packaging, container in sound condition?

Yes ✓ No ___

d) Outdated products?

Yes ___ No ✓

e) PHF at proper temperatures (not/cold)?

Yes ✓ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ✓

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ✓

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ✓ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ✓ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men, ladies, employees)

a) Is facility vented properly?

Yes ✓ No ___

b) Proper water temperature?

Yes ✓ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ✓ No ___

d) Door closure in place?

Yes ✓ No ___

e) Hand washing signs in place in all bathrooms?

Yes ✓ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes ___ No ✓

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ✓ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ✓ No ___

d) Wiping cloths kept in sanitizer?

Yes ✓ No ___

e) Sanitizer log kept?

Yes ✓ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ✓ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ✓ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ✓ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ✓ No ___

Yes ✓ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockton High Bakery</u>	Date <u>2-11-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>470 Forest Ave</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>BHS</u>	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Mary Jane Butler</u>			

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

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C	N		
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		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

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PIC's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	

Brockton Board of Health

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockton High Commissary</u>	Date <u>4-1-14</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>470 Forest Forest</u>	Risk Level		
Telephone	HACCP Y/N		
Owner <u>BSD</u>	Time In: Out:		
Person In Charge (PIC)	Inspector <u>Mary Jane Butler</u>	Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

8: 590inspectForm-14.doc

Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>Mary Jane Butler</u>	Page ____ of ____ P.
	Print: <u>Ken Dube</u>	

22

[illegible]

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

- a) #1 37 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

- b) #1 4 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

- c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

Yes ___ No ☒

Yes ☒ No ___

Yes ___ No ☒

Yes ☒ No ___

3) Water source:

- a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ___ No ☒

Yes ___ No ☒

Yes ☒ No ___

4) Sewage/Plumbing

- Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ☒ No ___

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

6) Rodent/roach/insect infestation

- Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

- Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes ☒ No ___

Yes ___ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ___ No ___

- 10) Dumpster area clean/tight fitting lids/yard clean

- 11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name Brockton High Green	Date 4-11-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 470 Forest Ave	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner BSH	Time In: Out:		
Person in Charge (PIC)			
Inspector Mary Jane Butte			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Mary Jane Butte</i>	Print: MARY JANE BUTTE	Page ____ of ____ Pages
PIC's Signature: <i>Ken Dube</i>	Print: Ken Dube	

De:

27

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1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37F, #2 38F, #3 37F, #4 39F, #5 33F, #6 30F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 ___F, #2 ___F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom Facilities (men, ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes ___ No ☒

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ☒ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockton High Kitchen</u>	Date <u>4-11-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>4170 Forest Ave</u>	Risk Level		
Telephone	HACCP Y/N		
Owner <u>BSD</u>	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <u>Mary Jane Butler</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking

590.009(E) ☐

Tobacco

590.009(F) ☐

☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

28. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>Mary Jane Butler</u>	Page of Pages
Director's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	

Date: 4-11-

Page:
 of[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38F, #2 35F, #3 35F, #4 35F, #5 39F, #6 ___F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 6F, #2 ___F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ___ No ☒

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name Brockton High Red	Date 7-11-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 470 Forest Ave	Risk Level	Permit No.	
Telephone			
Owner BSD	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector Mary Anne Butler	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
Allergens ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

28. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Mary Anne Butler	Print: Mary Anne Butler	Page ___ of ___ Pages
PIC's Signature: Ken Dize	Print: Ken Dize	

Date: 1-11-19[illegible]Date :
Verified :

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	PLEASE PRINT CLEARLY

PLEASE PRINT CLEARLY

[illegible]

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38F, #2 37F, #3 38F, #4 38F, #5 38F, #6 ___F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 ___F, #2 ___F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockton High Warehouse</u>	Date <u>2-11-99</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>4170 Forest Ave</u>	Risk Level	Permit No.	
Telephone <u>P2</u>	HACCP Y/N		
Owner <u>BSD</u>	Time In: Out:		
Person In Charge (PIC)			
Inspector <u>Mary Jane Butler</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>Mary Jane Butler</u>	Page ___ of ___ Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Ken Dase</u>	

Establishment Name: Brocktonlygh Warehouse

Date: 7-11-12

Date Verified

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Item No. Code Reference C - Critical Item R - Red Item

~~Freezer~~ 20 walls in
Freezer 35 walls in

doors are sealed well

med. amt of freezer-pkg
all dry food all good
no out date
recommended TPN 2X week

Discussion With Person in Charge:

Corrective Action Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction	<input type="checkbox"/> Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Embargo	<input type="checkbox"/> Other	
<input type="checkbox"/> Voluntary Disposal		

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 32 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 2 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockton High Yellow</u>	Date <u>4-11-9</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>470 Forest Ave</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>BHS</u>	Time In:		
Person In Charge (PIC)	Out:		
Inspector <u>Mary Jane Botter</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking

590.009(E) ☐

Tobacco

590.009(F) ☐

☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

81 590 Inspection Form 6-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mary Jane Botter</u>	Print: <u>Mary Jane Botter</u>	Page ___ of ___ Pages
PIC's Signature: <u>Ken Spink</u>	Print: <u>Ken Spink</u>	

Establishment Name: Breckten High School Date: 4-11-19 Page: 2 of 2

Item No. Code Reference C - Critical Item R - Red Item DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY

RED 038 38 38 39 38 39

hair and clothes used

equipment clean

bag in use

work space clean

sent safe Patricia Bennett 2021

Allyson ITD

Rebecca JPM 21 word

curious (Spencer) at school

Discussion With Person in Charge:

Corrective Action Required: ☐ No ☐ Yes

☐ Voluntary Compliance ☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled ☐ Emergency Suspension

☐ Embargo ☐ Emergency Closure

☐ Voluntary Disposal ☐ Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38F, #2 38F, #3 38F, #4 39F, #5 38F, #6 39F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 ___F, #2 ___F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ☒ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brockfield School</u>	Date <u>3-28-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>135 San Drive</u>	Risk Level		
Telephone <u>508-580-7514</u>	HACCP Y/N		
Owner <u>BPS</u>	Time In:		
Person In Charge (PIC) <u>Michelle Sergio</u>	Time Out:		
Inspector <u>Mary Jane Butler</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



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Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>MARY JANE BUTLER</u>	Page ___ of ___
	Print: <u>Michelle Sergio</u>	

Practice School

Page: 2

2

[illegible]

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 39 F, #3 39 F, #4 39 F, #5 38 F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 0 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ☒

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Brockton Board of Health


FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	David School	Date	3/25/19	Type of Operation(s)	Type of Inspection
Address	380 Plain Street	Risk Level		<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone	508 580 7449			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	BPS	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person in Charge (PIC)		Time In:		<input type="checkbox"/> Mobile	Date:
Inspector		Out:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other School

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking

Tobacco

590.009(E) ☐590.009(F) ☐

☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
- ☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
- ☐ 5. Receiving/Condition
- ☐ 6. Tags/Records/Accuracy of Ingredient Statements
- ☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
- ☐ 9. Food Contact Surfaces Cleaning and Sanitizing
- ☐ 10. Proper Adequate Handwashing
- ☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
- ☐ 17. Reheating
- ☐ 18. Cooling
- ☐ 19. Hot and Cold Holding
- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

[illegible]

- | | |
|---|-----------------|
| 23. Management and Personnel | (FC-2)(590.003) |
| 24. Food and Food Protection | (FC-3)(590.004) |
| 25. Equipment and Utensils | (FC-4)(590.005) |
| 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| 27. Physical Facility | (FC-6)(590.007) |
| 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| 28. Special Requirements | (590.009) |
| 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Kerrin [Serge]</i>	Page <u>12</u> of <u>2</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>EMER RUSCO</i>	

Establishment Name: Davis School

Date: 3/25/19

Page: 2 of 2

[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 38 F, #3 38 F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 1 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ___ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No /

c) Original, packaging, container in sound condition?

Yes ___ No ___

d) Outdated products?

Yes ___ No /

e) PHF at proper temperatures (not/cold)?

Yes ___ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ___

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No /

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes / No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes / No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes / No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ___ No /

b) Proper water temperature?

Yes / No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes / No ___

d) Door closure in place?

Yes / No ___

e) Hand washing signs in place in all bathrooms?

Yes / No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes ___ No /

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes / No ___

b) Sanitizer used?

Yes / No ___

c) Chemical test kit on premises?

Yes ___ No ___

d) Wiping cloths kept in sanitizer?

Yes ___ No ___

e) Sanitizer log kept?

Yes ___ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ___ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ___ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ___ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Downey School</u>	Date <u>5/20/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address <u>45 Electric Ave</u>	Risk Level		
Telephone <u>508 580 8224</u>			
Owner <u>Brockton Public Schools</u>	HACCP Y/N		
Person in Charge (PIC)	Time <u>11:25</u>	Permit No.	
Inspector <u>[Signature]</u>	In: <u>11:57</u> Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
24. Food and Food Protection (FC-3)(590.004)
25. Equipment and Utensils (FC-4)(590.006)
26. Water, Plumbing and Waste (FC-5)(590.006)
27. Physical Facility (FC-6)(590.007)
28. Poisonous or Toxic Materials (FC-7)(590.008)
28. Special Requirements (590.009)
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature: [Signature]

Print: Kevin Borges

Print: [Signature]

Page 1 of 2 p

Establishment Name:

Date: 3/20/19

Page: 2 of 2

[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
a) #1 39 F, #2 38 F, #3 46 F, #4 36 F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers
b) #1 10 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Brockton Board of Health

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name	East Junior High School	Date	3/25/2019	Type of Operation(s)	Type of Inspection
Address	454 Centre Street	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(508) 580-7350	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	BFS	Time In:	11:15am	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: 6/13/18
Person In Charge (PIC)	Christine Beck (Hr. out sick)	Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	POC	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-6)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature:	Print: PATRICK O. LAWTON	Page 1 of 2
Signature:	Print: CHRISTINE BECK	

East Junior High School

Date: 3/2/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Kitchen facilities are well maintained, organized & sanitary	
			Refrigerators @ proper temps	
			HOT HOLDINGS @ 174°F	
			3 Bay sink in use properly	
			NO pest issues	
			All servers & food handlers wearing hats & gloves	
			Bathrooms are okay ✓	
			(NO OUTDATED FOOD)	
			(NO VIOLATIONS)	
			* Ceiling damage in service hallway (See K.B. on 6/13/2018)	
Discussion With Person in Charge:			Corrective Action Required:	
			<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> No <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38°F, #2 35°F, #3 39°F, #4 ___°F, #5 ___°F, #6 ___°F, #7 ___°F, #8 ___°F, #9 ___°F

freezers

b) #1 3°F, #2 ___°F, #3 ___°F, #4 ___°F, #5 ___°F, #6 ___°F, #7 ___°F

c) Are thermometers in place in all of the above? Yes ☒ No ___

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed)?

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ☒ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes ☒ No ___

Look for bait boxes/droppings and check extermination reports

Yes ☒ No ___

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ☒ No ___

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ☒ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

3/27/14
pa

FOOD ESTABLISHMENT INSPECTION REPORT

Name Elena's Café Cardinal Spellman	Date 8-30-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast School Permit No.	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 738 Court St.	Risk Level	HACCP Y/N	Time In: Out:
Telephone 781-888-0749			
Owner Myshoer Corp DBA Elena's Café			
Person in Charge (PIC)			
Inspector Mary Jane Bala			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.
DATE OF RE-INSPECTION:

Inspector's Signature: Mary Jane Bala	Print: MARY JANE BALA	Page 1 of 2 Pa
PIC's Signature: Elena Myshoer	Print: Elena Myshoer	

Establishment Name: Clara's Cafe Date: 8-30-14 Page: 2 of 2

[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. *recently blocked*
coolers/refrigerators

a) #1 38F, #2 36F, #3 40F, #4 40F, #5 39F, #6 ___F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 17F, #2 17F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes ☒ No ___

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Yes ___ No ☒

Yes ☒ No ___

Yes ___ No ☒

Yes ☒ No ___

Yes ___ No ☒

Yes ___ No ☒

Yes ☒ No ___

Yes ☒ No ☒

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ___ No ☒

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ___ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Gilmore School</u>	Date <u>3/26/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>150 Clinton St.</u>	Risk Level	Permit No.	
Telephone <u>508-580-7574</u>	HACCP Y/N		
Owner <u>BPS</u>	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Dennis Smith</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

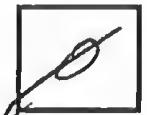
☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
24. Food and Food Protection (FC-3)(590.004)
25. Equipment and Utensils (FC-4)(590.006)
26. Water, Plumbing and Waste (FC-5)(590.006)
27. Physical Facility (FC-6)(590.007)
28. Poisonous or Toxic Materials (FC-7)(590.008)
28. Special Requirements (590.009)
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Dennis Smith</u>	Print: <u>Dennis Smith</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Laura Maguire</u>	Print: <u>Laura Maguire</u>	

Page:

[illegible]

PLEASE PRINT CLEARLY

Establishment Name: <u>Glenn School</u>			DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
Item No.	Code Reference	C - Critical Item R - Red Item	PLEASE PRINT CLEARLY		
			Milk Containers 36° + 34°		
			Bathrooms Clean + Functioning.		
			3 Basin Sink 1x Use Clean Surfaces Properly		
			VENTS Clean		
			Fridge, 37°		
			Fridge - 36°		
			No Cleaner kept Near Food.		
			Hair Nets + Gloves worn.		
			Fridge 36°		
			Milk 40°		
			Fridge 35°		
			Walls Floors + Surfaces Clean		
			No Outdated Food.		
			No Violations at time of inspection.		
Discussion With Person in Charge:			Corrective Action Required:		
			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37°F, #2 36°F, #3 34°F, #4 36°F, #5 40°F, #6 38°F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 20°F, #2 ___F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes___ No___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes___ No___

b) Misbranded/adulterated/ unknown source?

Yes___ No___

c) Original, packaging, container in sound condition?

Yes___ No___

d) Outdated products?

Yes___ No___

e) PHF at proper temperatures (not/cold)?

Yes___ No___

3) Water source:

a) Any defects in system?

Yes___ No___

b) Cross Contamination (check backflow preventers where needed?)

Yes___ No___

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes___ No___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes___ No___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes___ No___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes___ No___

b) Proper water temperature?

Yes___ No___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes___ No___

d) Door closure in place?

Yes___ No___

e) Hand washing signs in place in all bathrooms?

Yes___ No___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes___ No___

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes___ No___

b) Sanitizer used?

Yes___ No___

c) Chemical test kit on premises?

Yes___ No___

d) Wiping cloths kept in sanitizer?

Yes___ No___

e) Sanitizer log kept?

Yes___ No___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes___ No___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes___ No___

10) Dumpster area clean/tight fitting lids/yard clean

Yes___ No___

11) Are toxic chemicals labeled and stored properly?

Yes___ No___

Brockton Board of Health

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Hancock School</u>	Date <u>3/25/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address <u>125 Pearl Street</u>	Risk Level		
Telephone <u>508 580 1514</u>	HACCP Y/N		
Owner <u>BPS</u>	Time In: Out:		
Person In Charge (PIC)			
Inspector <u>[Signature]</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>Kevin Berger</u>	Page <u>1</u> of <u>2</u> Page
PIC's Signature: <u>[Signature]</u>	Print: <u>Celeste Cignarella</u>	

Brockton Board of Health

Date: 4-11-11

Establishment Name:

Hancock School

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Date
VerifierItem
No. Code
ReferenceC - Critical Item
R - Red Item

Parking lot clean dumpster enclosed

Kitchen area clean and organized

No outdated product

No chemicals near food

Cooler/freezer at proper temp.

3 bay sink in use

No pest issues at time of inspection

Bathrooms OK

All servers wearing hats and gloves

Discussion With Person in Charge:

Corrective Action Required:

☒ No☐ Yes☐ Voluntary Compliance☐ Re-inspection Scheduled☐ Embargo☐ Voluntary Disposal☐ Employee Restrictor
Exclusion☐ Emergency Suspend☐ Emergency Closure☐ Other:

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36F, #2 36F, #3 38F, #4 ___F, #5 ___F, #6 ___F, #7 ___F, #8 ___F, #9 ___F

freezers

b) #1 1F, #2 ___F, #3 ___F, #4 ___F, #5 ___F, #6 ___F, #7 ___F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ___ No ✓

b) Misbranded/adulterated/ unknown source?

Yes ___ No ✓

c) Original, packaging, container in sound condition?

Yes ___ No ___

d) Outdated products?

Yes ___ No ✓

e) PHF at proper temperatures (not/cold)?

Yes ___ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ✓

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ✓

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ___ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ___ No ✓

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ___ No ✓

b) Proper water temperature?

Yes ✓ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ✓ No ___

d) Door closure in place?

Yes ✓ No ___

e) Hand washing signs in place in all bathrooms?

Yes ✓ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ✓

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ___ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ___ No ___

d) Wiping cloths kept in sanitizer?

Yes ___ No ___

e) Sanitizer log kept?

Yes ___ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ___ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ___ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ___ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Huntington School</i>	Date <i>03/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>1129 Warren Ave</i>	Risk Level	Permit No.	
Telephone <i>[REDACTED]</i>	HACCP Y/N		
Owner <i>Brockton public school</i>	Time In:		
Person In Charge (PIC) <i>Michelle Roberts</i>	Out:		
Inspector <i>Ghalab Young</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

28. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Ghalab Young</i>	Print: <i>Ghalab Young</i>	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Michelle Roberts</i>	Print: <i>Michelle Roberts</i>	

No violation at the time of inspection

Establishment Name: Huntington School

Date: 03-26-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Corrective Action Required:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			outside area clean (benches, floors) cafeteria clean (tables, seats, floors) kitchen area clean and organized. food line clean and stored properly Refrigerator's / freezer set to proper temperature See attached	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restrict Exclusion	
			No outdated food products No chemicals near food products Boothroom OK No evidence of rodents (Burgess 1x a month) Hot water 117°F Serve SAFE BXP 0022 See attached Hot holding OK 140°F	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspe	
			Chicken 155 Fishes/crabs 145°F Pizza 165°F Rice 155-165 (frost)	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closu	
			No violation at the time of inspection	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	
Discussion With Person in Charge:						

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 40 F, #3 39 F, #4 40 F, #5 40 F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 1 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men, ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

*Handing
Gloves
in use*

*hot hold
OK
155°*

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

OK

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

*2 bay
sinks*

*serve safe
Michelle Roberts exp 22*

Brockton Board of Health

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Keith School</u>	Date <u>3/22/19</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <u>6/18/19</u> <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>175 Warren Avenue</u>	Risk Level		
Telephone <u>(508) 580-7514</u>	HACCP Y/N	Permit No.	
Owner <u>EPS</u>	Time In:		
Person in Charge (PIC)	Out:		
Inspector <u>Pa</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.008)
		30. Other	

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



8:590InspectionForm-14.doc

Inspector's Signature: <u>[Signature]</u>	Print: <u>PATRICK O. LAWTON</u>	Page <u>1</u> of <u>2</u> P.
	Print: <u>KIM GOMES</u>	

Establishment Name:

Keith School

Date: 3/22/2019

Page: 2 of 2

Date Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			<ul style="list-style-type: none"> Tarking lot, curtilage, dumpster enclosure all well kept ✓ Kitchen Facilities operational with proper food prep/serve protective equipment (i.e. gloves, hair nets) Dry STORAGE AREA organized, no signs of rodent activity. Not outdated Food ↳ all items stored properly HOT HOLDING Temps okay ✓ (164.5 ° F) NO pest issues (1x/weekly) REFRIG & FREEZER temps checked and @ proper temps (see attached) Bathroom well stocked and sanitary Seawater / Allegator ✓ 3 Bay Sink in use NO VIOLATIONS ✓ 	
Discussion With Person in Charge:			<div> <div>Corrective Action Required:</div> <div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>	
			<div> <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion </div>	
			<div> <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension </div>	
			<div> <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure </div>	
			<div> <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other: </div>	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 35°F, #2 36°F, #3 38°F, #4 37°F, #5 °F, #6 °F, #7 °F, #8 °F, #9 °F

freezers

b) #1 10°F, #2 °F, #3 °F, #4 °F, #5 °F, #6 °F, #7 °F

c) Are thermometers in place in all of the above? Yes ☒ No ☐

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ☐

b) Misbranded/adulterated/ unknown source?

Yes ☐ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ☐

d) Outdated products?

Yes ☐ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ☐

3) Water source:

a) Any defects in system?

Yes ☐ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ☐ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ☐

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ☒ No ☐

5) Bathroom, Facilities (men, ladies, employees)

a) Is facility vented properly?

Yes ☒ No ☐

b) Proper water temperature?

Yes ☒ No ☐

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ☐

d) Door closure in place?

Yes ☒ No ☐

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ☐

6) Rodent/roach/insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes ☐ No ☐

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ☐ No ☐

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☐ No ☐

b) Sanitizer used?

Yes ☐ No ☐

c) Chemical test kit on premises?

Yes ☐ No ☐

d) Wiping cloths kept in sanitizer?

Yes ☐ No ☐

e) Sanitizer log kept?

Yes ☐ No ☐

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☐ No ☐

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☐ No ☐

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☐ No ☐

11) Are toxic chemicals labeled and stored properly?

Elaine Simmons

ServeSafe (exp 2022)

Alison

Brockton Board of Health

Food Protection
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Kennedy School	Date	3/19/19	Type of Operation(s)	Type of Inspection
Address	802 Ash Street	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	508-580-7333	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	BPS			<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person In Charge (PIC)	Laurie Healy			<input type="checkbox"/> Mobile	Date:
Inspector	Dennis Smith			<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMI 590.000/federal Food Code. This report, when signed by a Board of Health member or its agent constitutes a order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

8:580inspectForm-14.doc

Inspector's Signature

Print:

Print:

Page 1 of 1

(508) 580-7175
Kennedy Schatz Date: 3-19-19

Page: 2 of 3

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1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 41 F, #2 40 F, #3 42 F, #4 38 F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 6 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ___ No /

b) Misbranded/adulterated/ unknown source?

Yes ___ No /

c) Original, packaging, container in sound condition?

Yes ___ No /

d) Outdated products?

Yes ___ No /

e) PHF at proper temperatures (not/cold)?

Yes ___ No /

3) Water source:

a) Any defects in system?

Yes ___ No /

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No /

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes / No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes / No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes / No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes / No ___

b) Proper water temperature?

Yes / No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ___ No /

d) Door closure in place?

Yes / No ___

e) Hand washing signs in place in all bathrooms?

Yes / No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes / No ___

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes / No ___

b) Sanitizer used?

Yes / No ___

c) Chemical test kit on premises?

Yes / No ___

d) Wiping cloths kept in sanitizer?

Yes / No ___

e) Sanitizer log kept?

Yes / No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes / No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes / No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes / No ___

11) Are toxic chemicals labeled and stored properly?

Yes / No ___

Brockton Board of Health

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name	<i>Louis F. Angelo School</i>	Date	<i>6-3-18-19</i>	Type of Operation(s)	Type of Inspection
Address	<i>472 N Main Street</i>	Risk Level		<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone	<i>508 580 7514</i>			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	<i>Brockton Public School</i>	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	<i>Lisa Mather</i>	Time In:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	<i>Chaleb Younes</i>	Time Out:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



Inspector's Signature: <i>Chaleb Younes</i>	Print: <i>Chaleb Younes</i>	Page 1 of 2
PIC's Signature: <i>Lisa Mather</i>	Print: <i>Lisa Mather</i>	

2

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Hot holding
145° 150
160

working 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment ^{working}

coolers/refrigerators
a) #1 39 F, #2 40 F, #3 40 F, #4 36 F, #5 38 F, #6 40 F, #7 37 F, #8 40 F, #9 F

freezers
b) #1 6 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

OK

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Hair nets/
Gloves

Hot
water
123

serve
safe
/

Lisa Mather

exp 22

Kathleen LUB
exp 22

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Manthala George School</u>	Date <u>3/25/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address <u>180 Colonel Bell Drive</u>	Risk Level		
Telephone <u>508 580 7514</u>	HACCP Y/N		
Owner <u>B P S</u>	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>[Signature]</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

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Inspector's Signature: <u>[Signature]</u>	Print: <u>Kevin Berger</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>FATIMATAVARES</u>	

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1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
a) #1 39 F, #2 40 F, #3 39 F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers
b) #1 1 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Mary E. Baker School</u>	Date <u>3/26/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Ceterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>45 Quincy Street</u>	Risk Level	Permit No.	
Telephone <u>508-894-4485</u>			
Owner <u>BPS</u>	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector <u>Dennis Smith</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Dennis Smith</u>	Print: <u>Dennis Smith</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Nancy Cugno</u>	Print: <u>Nancy Cugno</u>	

Date: 1-20-11

1

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

...EASILY

[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators σ

a) #1 40 F, #2 46 F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 11 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ___ No /

b) Misbranded/adulterated/ unknown source?

Yes ___ No /

c) Original, packaging, container in sound condition?

Yes ___ No /

d) Outdated products?

Yes ___ No /

e) PHF at proper temperatures (not/cold)?

Yes ___ No /

3) Water source:

a) Any defects in system?

Yes ___ No /

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No /

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ___ No /

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ___ No /

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No /

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ___ No /

b) Proper water temperature?

Yes ___ No /

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ___ No /

d) Door closure in place?

Yes ___ No /

e) Hand washing signs in place in all bathrooms?

Yes ___ No /

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes ___ No /

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ___ No /

b) Sanitizer used?

Yes ___ No /

c) Chemical test kit on premises?

Yes ___ No /

d) Wiping cloths kept in sanitizer?

Yes ___ No /

e) Sanitizer log kept?

Yes ___ No /

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ___ No /

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ___ No /

10) Dumpster area clean/tight fitting lids/yard clean

Yes ___ No /

11) Are toxic chemicals labeled and stored properly?

Yes ___ No /

Yes ___ No /

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>New ARNONE School</i>	Date <i>03-25/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>135 Belmont Street</i>	Risk Level	Permit No.	
Telephone <i>508 894 4400</i>	HACCP Y/N		
Owner <i>Brockton Public School</i>	Time In:		
Person in Charge (PIC) <i>Stephanie Wagner</i>	Out:		
Inspector <i>Chaleh Younes</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Chaleh Younes</i>	Print: <i>Chaleh Younes</i>	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Stephanie Wagner</i>	Print: <i>Stephanie Wagner</i>	

Establishment Name: Spokane Shop

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date
Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
			<p>Cafeteria clean (Tables, seats, floors, Trash cans empty)</p> <p>Kitchen area clean and organized</p> <p>Food line clean and stored properly</p> <p>Refrigeration / Freezer set at proper temperatures; see (attached)</p> <p>Hot Holding OK</p> <p>Handwashes / Sinks in use</p> <p>Bathrooms OK clean</p> <p>No evidence of Rodents (IPMburgess has a monthly and on request)</p> <p>3 bag side in use</p> <p>Hot water OK 125°F</p> <p>We submitted food products</p> <p>We submitted non-food products</p> <p>See (attached)</p> <p>Score safe up to date</p> <p>See (attached)</p> <p>No violations at the time of inspection</p>
Discussion With Person in Charge:			<p><input type="checkbox"/> Voluntary Compliance</p> <p><input type="checkbox"/> Re-inspection Scheduled</p> <p><input type="checkbox"/> Embargo</p> <p><input type="checkbox"/> Voluntary Disposal</p> <p><input type="checkbox"/> Employee Restriction</p> <p><input type="checkbox"/> Emergency Suspension</p> <p><input type="checkbox"/> Emergency Closure</p> <p><input type="checkbox"/> Other:</p>

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 34 F, #3 40 F, #4 31 F, #5 34 F, #6 38 F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 12 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

Yes / No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No /

c) Original, packaging, container in sound condition?

Yes / No ___

d) Outdated products?

Yes ___ No /

e) PHF at proper temperatures (not/cold)?

Yes / No ___

3) Water source:

a) Any defects in system?

Yes ___ No /

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No /

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes / No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes / No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes / No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes / No ___

b) Proper water temperature?

Yes / No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes / No ___

d) Door closure in place?

Yes / No ___

e) Hand washing signs in place in all bathrooms?

Yes / No ___

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

OK

7) Worker Hygiene-Any signs of problems?

Yes ___ No /

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes + No ___

b) Sanitizer used?

Yes + No ___

c) Chemical test kit on premises?

Yes + No ___

d) Wiping cloths kept in sanitizer?

Yes + No ___

e) Sanitizer log kept?

Yes + No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes + No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes / No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes / No ___

11) Are toxic chemicals labeled and stored properly?

Yes / No ___

- hot holding

- Hairnets/Gloves in use

water tank 125°

3 bay sink in use

No Rice dropping

1/2 burgers

Sever Safe Stephanie A Leveault or
Amanda AlGen OK

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name	New Heights Charter School	Date	5/25/19	Type of Operation(s)	Type of Inspection
Address	1690 Main St.	Risk Level		<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	[REDACTED]			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	New Heights Charter School	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person In Charge (PIC)	Rose Monahan			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Dennis Smith			<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
Allergens ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

28. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

8:590inspecForm-14.doc

Inspector's Signature	Print: Rose Monahan	Page 1 of 2 Pages
PIC's Signature	Print: Dennis Smith	

No Violations

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	DATE	TIME	OFFICER	REMARKS
PLEASE PRINT CLEARLY				

PLEASE PRINT CLEARLY

Date
Verified

S.590Narrative6-2.doc

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 35° F, #2 36° F, #3 38° F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

Heating at 140°

freezers

b) #1 16° F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ___

d) Outdated products?

Yes ___ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ___

3) Water source:

a) Any defects in system?

Yes ___ No ☒

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ☒ No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ☒ No ___

b) Proper water temperature?

Yes ☒ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ___

d) Door closure in place?

Yes ☒ No ___

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes ☒ No ___

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ___

b) Sanitizer used?

Yes ☒ No ___

c) Chemical test kit on premises?

Yes ☒ No ___

d) Wiping cloths kept in sanitizer?

Yes ☒ No ___

e) Sanitizer log kept?

Yes ☒ No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>NORTH Jr High</i>	Date	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>100 Oak Street</i>	Risk Level		
Telephone <i>508 580 7514</i>	HACCP Y/N		
Owner <i>Brockton Public School</i>	Time In:		
Person In Charge (PIC) <i>Debra Room</i>	Out:		
Inspector <i>Chaleb Younes</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Chaleb Younes</i>	Print: <i>Chaleb Younes</i>	Page <i>1</i> of <i>2</i> Pa
PIC's Signature: <i>Debra Room</i>	Print: <i>Debra Room</i>	

North Junior High

Date: 03.15.19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Cafeteria salad area Tables, seats, floor clean. Kitchen and storage area clean. Laminated, utensils clean. Cans / Freezers set at proper temperatures (see attached) No outdated food products. No damaged meat food products. No evidence of rodents. Ranges 1x a month. Bathrooms OK. Hot Holdings set of proper temperatures (see attached) Handwashes / Gloves in use. 3 bag sink in use. Food line clean and organized. Serve safe / Allergen OK (see attached)	
			No violations at the time of inspection	
Discussion With Person in Charge:			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:	

Hot Holding
160
145°

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. *walking* *serving area*

coolers/refrigerators a) #1 40 F, #2 40 F, #3 40 F, #4 40 F, #5 36 F, #6 F, #7 F, #8 F, #9 F

freezers b) #1 1 F, #2 2 F, #3 1/2 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes / No

Yes No /

Yes / No

Yes No /

Yes / No

Yes / No

Yes No /

Yes No /

Yes / No

Yes / No

Yes No /

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

= Storage area
Clean
Food storage
proper

- Hot water
128°

- No mice
droppings
Bait
1x am

3 bay sink

MAXIME chandler 2020 / Allergien
Debra Rooney 2020

Brockton Board of Health

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Plouffe school</i>	Date <i>03-14-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>43 Crescent street</i>	Risk Level	Permit No.	
Telephone <i>508 895 4301</i>	HACCP Y/N		
Owner <i>Brockton Public School</i>	Time In: Out:		
Person In Charge (PIC) <i>Sandra Cowell</i>			
Inspector <i>Chalch Younes</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
24. Food and Food Protection (FC-3)(590.004)
25. Equipment and Utensils (FC-4)(590.005)
26. Water, Plumbing and Waste (FC-5)(590.006)
27. Physical Facility (FC-6)(590.007)
28. Poisonous or Toxic Materials (FC-7)(590.008)
28. Special Requirements (590.009)
30. Other

Number of Violated Provisions Related To Foodborne illnesses interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature: <i>Chalch Younes</i>	Print: <i>Chalch Younes</i>	Page <i>1</i> of <i>2</i> pages
PIC's Signature: <i>Sandra Cowell</i>	Print: <i>Sandra Cowell</i>	

Establishment Name:

Plough School #45 City St

Date: 03-14-19

Page: 2 of 2

Date Verified: 03-14-19

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Christine Swartz 10/10/2018 10:25 AM

Item No. Code Reference C - Critical Item R - Red Item

Cafeteria, Tables / Seals, clean
Kitchen area, storage area, Equipment, counters, utensils,
Clean

Handels, gloves in use
Not holding OK (see attached)

Refrigerators / Freezer set @ proper temperatures (see attached)

No outdated food products
No chemicals near food products / No pungent odors

No evidence of tick or rodent infestation. / Bathrooms OK
3 bay sink in use

Serve SAFE / Allergen Awareness OK (see attached)

No violations at the time of inspection.

Discussion With Person in Charge:

Corrective Action Required:

☒ No

☐ Yes

☐ Voluntary Compliance

☐ Employee Resignation / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other:

Hairnets/Gloves in use

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators:

a) #1 37 F, #2 40 F, #3 38 F, #4 39 F, #5 39 F, #6 38 F, #7 38 F, #8 ___ F, #9 ___ F

freezers

b) #1 12 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

OK

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Food stored
proper

Hot water
Temp ok
130

Hot
holding
160 All O

3 bay
sink
in
use

SANDRA COWELL exp 2023 / Food Allergen -
Many TIMBER LAKE exp 2023

→ No Nice
shopping

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

(School)

Name	Raymond School	Date	3/18/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: 6/18/18 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address	128 Oak Street	Risk Level		HACCP Y/N		Permit No.	
Telephone	508-580-7514						
Owner	BPS						
Person in Charge (PIC)		Time In:	10:00				
Inspector	PC	Out:					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



Inspector's Signature:

Print: PATRICK O. CAWTON

PIC's Signature:

Print: Mary Damann

Page 1 of 2

Item No. Code Reference C - Critical Item R - Red Item

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Date: 3/18/2019
Verify

			Parking lot + dumpster enclosure are broom swept clean + free of litter;
			Kitchen facilities are clean, neat and sanitary;
			Restrooms okay ✓
			NO outdated Food
			WCO post issued (Tm: Burger Post Central)
			3 Bay Sink in use
			Paper Food handling / prep by kitchen staff
			Frige / Freezer tops okay ✓ (See attached)
			Severe Safe ✓
			Recruits Postcard ✓
			<u>NO VIOLATIONS</u>

Discussion With Person in Charge:

W/A

Corrective Action Required:

No

Yes

- ☐ Voluntary Compliance
- ☐ Re-inspection Scheduled
- ☐ Embargo
- ☐ Voluntary Disposal
- ☐ Employee Restriction / Exclusion
- ☐ Emergency Suspension
- ☐ Emergency Closure
- ☐ Other

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 32°F, #2 32°F, #3 40°F, #4 38°F, #5 37°F, #6 °F, #7 °F, #8 °F, #9 °F

freezers

b) #1 1°F, #2 3°F, #3 °F, #4 °F, #5 °F, #6 °F, #7 °F

c) Are thermometers in place in all of the above? Yes ☒ No ☐

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ☒ No ☐

b) Misbranded/adulterated/ unknown source?

Yes ☐ No ☒

c) Original, packaging, container in sound condition?

Yes ☒ No ☐

d) Outdated products?

Yes ☐ No ☒

e) PHF at proper temperatures (not/cold)?

Yes ☒ No ☐

3) Water source:

a) Any defects in system?

Yes ☐ No ☒

b) Cross Contamination (check backflow preventers where needed)?

Yes ☐ No ☒

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☒ No ☐

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ☒ No ☐

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ☒ No ☐

5) Bathroom, Facilities (men, ladies, employees)

a) Is facility vented properly?

Yes ☒ No ☐

b) Proper water temperature?

Yes ☒ No ☐

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ☒ No ☐

d) Door closure in place?

Yes ☒ No ☐

e) Hand washing signs in place in all bathrooms?

Yes ☒ No ☐

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

X

Look for bait boxes/droppings and check extermination reports

X

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ☒ No ☐

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ☒ No ☐

b) Sanitizer used?

Yes ☒ No ☐

c) Chemical test kit on premises?

Yes ☒ No ☐

d) Wiping cloths kept in sanitizer?

Yes ☒ No ☐

e) Sanitizer log kept?

Yes ☒ No ☐

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ☒ No ☐

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ☒ No ☐

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ☐

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ☐

3/18/19 *good*

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT *Kitchen*

Name	Saint Patrick's Church	Date	11/27/18	Type of Operation(s)	Type of Inspection
Address	335 MAIN STREET	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(508) 580-4848			<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	St. Patrick's Church	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: 2/21/2018
Person in Charge (PIC)	Father Francis Palomba			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Pol	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		Time Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



B:\590InspecForms-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: PATRICK O. LAWTON	Page 1 of 2P
PIC's Signature: <i>[Signature]</i>	Print: FR. FRANCESCO PALOMBA	

Page: 2 of 2

[illegible]

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37, #2 , F, #3 , F, #4 , F, #5 , F, #6 , F, #7 , F, #8 , F, #9 F

freezers

b) #1 50, #2 , F, #3 , F, #4 , F, #5 , F, #6 , F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No

Yes No

Yes No

Yes No

Yes No

3) Water source:

- a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

Yes No

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

Yes No

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No

Yes No

Yes No

Yes No

Yes No

6) Rodent/roach/Insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No

Yes No

Yes No

Yes No

Yes No

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

Yes No

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes No

Good ✓
1/27/18

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name South Junior High School	Date 3/25/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address 105 Keith Avenue	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Telephone (508) 580-7310		<input type="checkbox"/> Residential Kitchen	Previous Inspection (6/20/18)
Owner BPS	HACCP Y/N	<input type="checkbox"/> Mobile	Date: 3/25/19
Person In Charge (PIC) Elaine Nix	Time In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
Inspector ROL	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No.	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking

Tobacco

590.009(E) ☐

590.009(F) ☐

☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

28. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: *[Signature]*

Print: **PATRICK J. LAWTON**

PIC's Signature: *[Signature]*

Print: **ELAINE NIX**

Page 1 of 2 Pages

§ 590 Narrative-2.doc

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1___F, #2___F, #3___F, #4___F, #5___F, #6___F, #7___F, #8___F, #9___F

freezers

b) #1___F, #2___F, #3___F, #4___F, #5___F, #6___F, #7___F

c) Are thermometers in place in all of the above? Yes ☒ No ☐

2). Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☒ No ☐

3) Water source:

- a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☒ No ☐

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ☒ No ☐

Yes ☒ No ☐

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes ☒ No ☐

Yes ☒ No ☐

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ☒ No ☐

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

Yes ☒ No ☐

Yes ☒ No ☐

10) Dumpster area clean/tight fitting lids/yard clean

Yes ☒ No ☐

11) Are toxic chemicals labeled and stored properly?

Yes ☒ No ☐

goal ✓

3/22/19 (PA)

Brockton Board of Health

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Trinity Catholic upper</u>	Date <u>3/19/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>37 Erie Ave</u>	Risk Level	Permit No.	
Telephone [REDACTED]			
Owner <u>Trinity Catholic Upper</u>	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector <u>[Signature]</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>Kevin Berger</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>M. Leonard</u>	

Trinity Catholic Upper

3/19/19

✓

[illegible]

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 78 F, #2 78 F, #3 36 F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 12 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

Yes ___ No ✓

b) Misbranded/adulterated/ unknown source?

Yes ___ No ___

c) Original, packaging, container in sound condition?

Yes ___ No ___

d) Outdated products?

Yes ___ No ___

e) PHF at proper temperatures (not/cold)?

Yes ___ No ___

3) Water source:

Yes ___ No ✓

a) Any defects in system?

Yes ___ No ✓

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No ___

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Yes ✓ No ___

Is sewage disposal system in good condition?

Yes ___ No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

Yes ✓ No ___

a) Is facility vented properly?

Yes ___ No ___

b) Proper water temperature?

Yes ✓ No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ___ No ___

d) Door closure in place?

Yes ✓ No ___

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes ___ No ✓

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

Yes ___ No ___

a) Sanitizer charts posted?

Yes ___ No ___

b) Sanitizer used?

Yes ___ No ___

c) Chemical test kit on premises?

Yes ___ No ___

d) Wiping cloths kept in sanitizer?

Yes ___ No ___

e) Sanitizer log kept?

9) Facilities

Yes ___ No ___

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ___ No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes ___ No ___

11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Trinity Catholic - Lower</u>	Date <u>3/20/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address <u>631 North Main Street</u>	Risk Level	Permit No.	
Telephone <u>508 583 6231</u>	HACCP Y/N		
Owner <u>Trinity Catholic - Lower</u>	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>[Signature]</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>Kevin Berger</u>	Page <u>1</u> of <u>2</u> Page
PIC's Signature: <u>Kristin Blanchette</u>	Print: <u>Kristin Blanchette</u>	

S:\590\Narrative6-2.doc

- 1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 36 F, #3 37 F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 4 F, #2 ___ F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

3) Water source:

- a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ___ No ___

Yes ___ No ___

5) Bathroom, Facilities (men, ladies, employees)

- a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No ___

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

- 10) Dumpster area clean/tight fitting lids/yard clean
11) Are toxic chemicals labeled and stored properly?

Yes ___ No ___

Brockton Board of Health

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>West Junior High School</i>	Date <i>03-25-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>271 West Street</i>	Risk Level	Permit No. <i>019720</i>	
Telephone <i>508-580-7514</i>	HACCP Y/N		
Owner <i>Brockton Public Schools</i>	Time In: Out:		
Person in Charge (PIC) <i>CHRISTINE HOBBS</i>			
Inspector <i>Charles Young</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009(E) ☐ Tobacco 590.009(F) ☐
☐ Allergens

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



Inspector's Signature: <i>Charles Young</i>	Print: <i>Charles Young</i>	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Christine Hobbs</i>	Print: <i>CHRISTINE HOBBS</i>	

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
			PLEASE PRINT CLEARLY		
			<p><u>Refrigerator clean (floors, tables, seats).</u></p> <p><u>Kitchen area clean organized</u></p> <p><u>Food line clean and stored properly</u></p> <p><u>Refrigerators freezers sub 40 degrees Fahrenheit (see attached)</u></p> <p><u>Hot holding 165°F proper temperature (156°F)</u></p> <p><u>No unlabeled food products</u></p> <p><u>No chemicals near food products</u></p> <p><u>No evidence of rodents burrows or a mouse</u></p> <p><u>Hand sanitizers / gloves in use</u></p> <p><u>3 hand sinks in use</u></p> <p><u>Boothrooms etc.</u></p> <p><u>Same safe divided (see attached)</u></p> <p><u>Observed proper food handling/serving to students</u></p>		
			<p><u>No violations at the time of inspection</u></p>		
Discussion With Person in Charge:			<p>Corrective Action Required:</p> <p><input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion</p> <p><input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension</p> <p><input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure</p> <p><input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:</p>		

not holding

Food
Storage
Properly

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 38 F, #3 40 F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F, #8 ___ F, #9 ___ F

freezers

b) #1 4 F, #2 4 F, #3 ___ F, #4 ___ F, #5 ___ F, #6 ___ F, #7 ___ F

c) Are thermometers in place in all of the above? Yes ___ No ___

2) Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

Yes + No ___

b) Misbranded/adulterated/ unknown source?

Yes ___ No +

c) Original, packaging, container in sound condition?

Yes + No ___

d) Outdated products?

Yes + No +

e) PHF at proper temperatures (not/cold)?

Yes ___ No ___

3) Water source:

a) Any defects in system?

Yes ___ No +

b) Cross Contamination (check backflow preventers where needed?)

Yes ___ No +

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes + No ___

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes + No ___

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes + No ___

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes + No ___

b) Proper water temperature?

Yes + No ___

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes + No ___

d) Door closure in place?

Yes + No ___

e) Hand washing signs in place in all bathrooms?

Yes + No ___

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

OK

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes ___ No +

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes + No ___

b) Sanitizer used?

Yes + No ___

c) Chemical test kit on premises?

Yes + No ___

d) Wiping cloths kept in sanitizer?

Yes + No ___

e) Sanitizer log kept?

Yes + No ___

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?

Yes + No ___

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes + No ___

10) Dumpster area clean/tight fitting lids/yard clean

Yes + No ___

11) Are toxic chemicals labeled and stored properly?

Yes + No ___

Hot
water
126 °F

Hair net
Gloves
in use

✓ Serve safe Jennelle Cox exp 23
✓ Christine Hoeg exp 21.